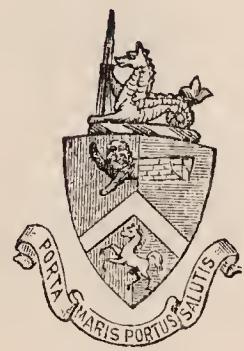


BOROUGH OF MARGATE.



ANNUAL REPORT

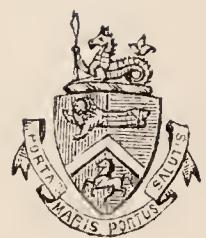
OF THE

School Medical Officer.

1923.

Margate :

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1924.



To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg herewith to present my Annual Report on the Medical Inspection and Treatment of the Children attending the Elementary Schools for the year ended 31st December, 1923, together with the Report of the School Dentist and that of the School Oculist.

Miss Walton (the School Nurse) was unfortunately, owing to a severe illness, unable to attend to her duties from September until the end of the year. This necessitated the appointment of a temporary Nurse for that period. Otherwise the Staff remains the same as last year.

I gratefully acknowledge the cordial support of the Chairman and Members of the Children's Care Committee, and the ever-willing help and co-operation of the Head Teachers.

I beg to remain,

Ladies and Gentlemen,

Your obedient Servant,

ROWAN McCOMBE,

School Medical Officer.

January, 1924.



REPORT.

In presenting my Annual Report I find it difficult to write anything new or anything which would be of more interest to the public as distinct from previous reports. That the medical inspection of children and treatment of defects was not only a great inspiration, but has actually been the means of relieving to a very large extent the common and in many cases the permanent diseases of the children, is undoubted. The children of the present day are better fed, better clothed and cleaner than they were ten or fourteen years ago, although I doubt that their parents are in any better circumstances.

The scheme for payment by parents for medical treatment at the Clinic came into operation in June last. I am not aware that it has diminished the attendance of the children. Most of the minor ailments, with the exception of running ears, are cured within a fortnight, which is the specified time for free treatment; and the parents who can afford it are quite willing to pay a small sum towards operations. We do not press for payment, but rather accept it as a voluntary contribution after pointing out the cost and what each person is supposed to pay according to their means. The amount thus collected during the period was £4 1s. 9d.

STAFF.

The Staff of the School Medical Service consists of myself, as School Medical Officer; Mr. A. J. Haddock, School Dentist (part time); Dr. J. W. H. Babington, School Oculist; Dr. J. L. Sawers and Dr. F. B. Treves, Surgeons for Operations of Enlarged Tonsils and Adenoids; and Miss Walton, School Nurse. A second Nurse has been engaged for operations, and the School Medical Officer administers the anaesthetic. Mr. C. J. Pemble, School Attendance Officer.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health and Medical Adviser to the Infant Welfare Centre; so the three branches are intimately co-ordinated.

ELEMENTARY SCHOOLS.

The average number of children on the books of the Elementary Schools in Margate for the year 1923 was 3,352. The average attendance for the same period was 3,017, giving a percentage of 90.

School Hygiene.—In my previous Annual Reports I gave a fairly comprehensive account of the hygienic condition of the Schools, with various recommendations, most of which have been carried out since that date.

The Sanitary Inspectress visits each School every week and reports to me any nuisance, uncleanliness or defect in the sanitary conditions.

This weekly visit has been made the means of keeping the Caretakers up to their work, and I am glad to say that no serious complaint was made during the year. Sufficient lavatory basins and towels are provided at all the Schools, with a copious supply of water for washing and drinking purposes. The lighting, heating and ventilation are satisfactory, except for the fact that some of the cloakrooms are not heated, and there is, therefore, no convenience for drying the children's clothes on wet days.

Medical Inspection.—This is carried out on the School premises on Monday and Wednesday afternoons, and is conducted in accordance with the regulations of the Board of Education, which are as follows:—

“As regards the groups of children, Article 58 (b) of the code of regulations for Public Elementary Schools states that ‘the Board must be satisfied that provision has been made for the Medical Inspection of all children admitted to the School in the year ending the 31st March, and of all children between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12. The Board will also require to be satisfied that provision has been made for the Medical Inspection of all children between 8 and 9 years of age.’”

The total number of children examined during the year included in the age groups was 1,008, and in addition 414 were examined as “Specials,” or “Ailing” children, making a total of 1,422. The statistical particulars will be shown in Table I. at the end of the Report.

Enquiries are made from the Head Teachers and School Attendance Officer to ascertain any crippling defects among the children not at School.

With the exception of the Dane Schools, St. Austin’s and St. James’, the inspections are carried out in one of the Teachers’ rooms, so that no disturbances of the School arrangements are involved. In the above-mentioned Schools it is necessary to empty a class-room for the purpose.

FINDINGS OF MEDICAL INSPECTION.

The following children include those found defective at the Routine Medical Inspection and at Special Inspections at the School Clinic. These latter cases are sent to me by the parents, School Attendance Officer and Teachers.

Uncleanliness.—I very much regret to report that this unfortunate condition has been more prevalent during the year. In spite of the frequent visits to the Schools and the warnings to the parents by the School Nurse and myself, the parents are still apathetic and appear to look upon this condition as a natural one. I am afraid this will remain so until we get more powers to deal with those children who are always in a more or less verminous condition.

The present method of excluding children from School and prosecuting the parents for non-attendance is clumsy and most unsatisfactory. The other alternative under Section 122 of the Children Act, 1908, gives a Local Education Authority power to examine the person and clothing of any child attending a Public Elementary School, and if the child is infected with vermin, or is in a filthy condition, to require the parent or guardian to cleanse the person and clothing of the child within 24 hours. If the parent or guardian fails to comply with this requirement, the Authority may themselves take steps to have the person and clothing of the child cleansed, and under Sub-Section 4, “where, after the person or clothing of a child has been cleansed “by a Local Education Authority under this section, the parent “or guardian of, or other person liable to maintain, the child “allows him to get into such a condition that it is again necessary “to proceed under this Section, the parent, guardian, or other “person shall, on summary conviction, be liable to a fine not “exceeding ten shillings.”

In order to carry out this Section with any degree of success you would have to engage an extra Nurse for the purpose, but I consider it is a very roundabout and unsatisfactory procedure. If we had compulsory powers to cut the hair short it would go far to solve the problem; or it might be made an offence to send children to School with verminous heads or bodies, and action taken under the Public Health Acts in the same manner as it is a punishable offence to send children to School suffering from an Infectious Disease. There was one prosecution during the year under the Attendance Bye-Laws, and the parents were fined 10/-. This may seem a very small proportion in comparison to the number of children with verminous heads, but it is just this difficulty in carrying out the Act which makes it so unsatisfactory. For instance, a child is excluded from School for seven days and notice given to the parents to cleanse the head. The child returns at the end of seven days comparatively

clean, but in a fortnight's time her head is again in a verminous state. I have laboured this question somewhat, but I consider it a very serious one, particularly for those parents who strive very hard to keep their children clean and are, nevertheless, compelled to send them to School and to sit with children who are in this filthy condition.

The School Nurse paid on an average 16 visits to each School, or a total of 128 visits, to examine the children for uncleanness. Several additional visits were made by the Nurse and myself to re-examine the children found with unclean heads. During the year we had 386 individual cases to deal with.

Enlarged Tonsils and Adenoids.—Eighty-six children were found with this condition, fifty-nine were recommended for operation, and twenty-seven to be kept under observation. These latter cases are termed "slight" and are examined on future occasions, the parents in the meantime being advised to persevere with gargles. If the child develops deafness or enlarged cervical glands then an operation is advised.

Tuberculosis.—I had ten children suffering from tuberculosis under observation during the year. I always refer these cases to the County Tuberculosis Officer for confirmation. At the present time we have twenty-four children suffering from Tuberculosis in various forms; ten are not attending School, two at Sanatoria, and twelve who are practically well and non-infectious are at School. All these children are especially examined about every three months. It should be added that the majority of these children have been brought to the town on account of being delicate.

Ringworm.—There were only five (5) cases of Ringworm of the Head and five (5) cases of Ringworm of the Body, a considerable improvement on previous years; for example, in 1911 we had 63 cases of Ringworm of the Head under treatment and only 49 cured by the end of the year.

Scabies.—Ten (10) cases. These children were excluded from School and advice given to the parents as to the necessary treatment. They were afterwards re-examined at the Clinic and kept under observation until cured.

Impetigo.—Forty-five (45) cases. Severe cases were excluded from School and kept under observation.

External Eye Diseases.—Blepharitis two (2) cases; Conjunctivitis five (5) cases; Styes three (3) cases.

Vision.—Ninety (90) children were found to have defective eyesight. They were all referred to Dr. Babington for treatment. (See note on Treatment.)

Ear Disease and Hearing.—There were forty-four (44) cases under this heading, all of whom were treated at the School Clinic.

Dental Defects.—Seventy-three (73) children were found with carious teeth which ought to have been extracted. They all went to the School Clinic for treatment by the School Dentist.

Minor Ailments.—In the foregoing are included most of the cases of minor ailments, but there were in addition several cases of Bronchial Catarrh, Anæmia, Chilblains, Boils, Burns and other ailments too numerous to mention.

It should be noted that the number of ailing children this year is again considerably below the average. This is, I think, to a great extent due to the constant supervision of the children by the Teachers, the School Nurse, and myself, and to the measures which are taken to secure prompt treatment.

MENTALLY DEFECTIVES.

During the year one girl was reported to the Committee and sent to a Home for Mentally Defectives. We were very fortunate in being able to place this child so quickly, as undoubtedly there is a great want of accommodation for this class of case in the country. It is only when the education and training of these children is taken in hand at an early age that they derive really special benefits, and it is to be hoped that, at any rate, the Kent County Council will make an effort to secure proper Institutional treatment for the Mentally Defectives in the various areas. One boy was sent home at the end of the year as it was stated that he had reached a stage where no further improvement was likely. This boy had been in a Home for 22 months and although he had slightly improved he is not now by any means capable of earning a living nor is he likely to be. It took us three years to get this boy into a Home and it is my opinion if he had been properly taken in hand when he was seven or eight years old he would be very different to what he is at the present time.

INFECTIOUS DISEASES.

The following table shows the number of the principal Infectious Diseases occurring among the children during the year. It will be noticed that, with the exception of Chicken Pox, the number is considerably less than last year:—

Scarlet Fever.	Diphtheria.	Measles.	Whooping Cough.	Chicken Pox.
29	9	7	6	151

All these children are visited either by myself or the Sanitary Inspectress, who is a trained nurse. The children are

excluded from School for the prescribed period, and also the contacts, certificates to this effect being sent to the Head Teachers and School Attendance Officer. Advantage is also taken of the visit to instruct the parents in the care and proper treatment of the case.

FOLLOWING UP.

The School Nurse always attends and assists at the Medical Inspection. She has, therefore, first-hand knowledge of all the defects. If the parent is not present, a visit is paid to the child's home, when the parent is advised to either bring the child to the Clinic, in suitable cases, or to their own doctor. The child is subsequently seen either at the School or School Clinic and kept under observation until the defect is either cured or remedied.

MEDICAL TREATMENT.

Minor Ailments.—Practically all the cases of Minor Ailments were treated at the School Clinic by the School Nurse, under the supervision of the School Medical Officer.

Tonsils and Adenoids.—Fifty-five (55) cases were recommended for treatment. Fifty-one (51) were operated upon at the School Clinic. Four (4) cases seen just before the Christmas holidays were left over until this year.

The children come to the Clinic on the morning of the operation, being prepared the evening before according to printed instructions given to the mother by the School Nurse. The operations are performed in the afternoon and the child kept at the Clinic one night. The child is again examined the following morning by the operating surgeon, and I see and examine the child a week later. I am glad to say all the operations were entirely successful and no untoward ill-effects followed.

Ringworm.—There were only five (5) cases of Ringworm of the Head this year. They were all promptly treated by X-Rays and were able to resume their attendance at School, with one exception, after about six weeks. This is a great improvement on previous years and fully justifies our course of having the children promptly treated. I think it would probably work out that the loss of grant due to non-attendance would almost balance the account for treatment; not to mention the benefit to the child educationally.

The School Nurse treats all the cases of Ringworm of the Skin at the School Clinic. They are generally cured, and are able to resume attendance in about a fortnight. We had only five (5) cases.

Scabies, Impetigo and other Skin Diseases.—Sixty (60) cases under this heading were treated at the School Clinic. Cases of Scabies are really treated by the parents at home, but the children come to the Clinic once a week for examination and the School Nurse takes advantage of this visit to give a little extra treatment.

Ear Disease and Hearing.—There were nine (9) children found to be suffering from defective hearing and sent to the School Clinic for further examination. This was chiefly due to wax in the ears, and they were all benefited by syringing. Thirty-five (35) children were found to be suffering from running ears (Otitis Media). These children are always treated at the Clinic. Thirty-one (31) were cured by the end of the year and four (4) are still under treatment.

Heart and Circulation.—There were thirteen (13) children suffering from Anæmia in a more or less serious form. I am able, through the agency of different Charities, to supply Parrish's Food, Cod Liver Oil, etc., to children in necessitous circumstances suffering from Anæmia and other debilitated conditions. Fifty-two children were thus treated during the year much to the satisfaction and appreciation of the parents.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

We have no blind or partially blind children of School age in the area at present. Three deaf and dumb children are attending the Royal School for Deaf and Dumb Children. Minor cases of Epilepsy are allowed to attend School, but those who have frequent fits are sent to the Lingfield Training Colony.

Two children suffering from Infantile Paralysis are unable to attend School.

I reported one child of School age who is suffering from Paralysis and attending the Royal Sea Bathing Hospital as an out-patient. It was thought that this child would receive more benefit in an Orthopædic Hospital, but although we had the consent of the Board of Education last September to send him there we have not yet been able to obtain a vacancy. It would appear that Hospital accommodation for this class of child, indeed for every description of defective children, is very limited.

REPORT FOR 1923.

Vision.—One hundred and three children were specially examined by Dr. J. W. H. Babington on account of defective vision as set out in the following table:—

Group (1).—*Errors of Refraction including Squint.*

Hypermetropia	...	...	...	...	...	25
Hypermetropic Astigmatism, Compound				...	...	41
ditto		Simple		...	...	2
						—
Hypermetropia Total	...	...	...	...	...	68
						—
Myopia	...	...	...	...	...	8
Myopic Astigmatism, Compound				...	...	12
ditto		Simple		...	...	1
						—
Myopia Total	...	...	...	...	...	21
						—
Mixed Astigmatism	...	...	...	...	...	7
						—
Total Errors of Refraction	...	...	...	...	...	96
						—
Total for whom Glasses were prescribed	...	...	...	...	...	96
Cases of Squint included in above	...	...	...	...	...	19
With different refraction in the two eyes (anisometropia)	...	...	...	...	...	29

Group (2).—*Other Defects or Diseases of the Eyes*
(excluding those recorded in Group 1).

Keratitis (Interstitial)	...	...	...	...	...	4
Cornea (Superficial Ulcers)	...	...	...	...	...	1
Cataract (Traumatic)	...	...	...	...	...	1
Microphtalmos	...	...	...	...	...	1
						—
Total Patients	...	...	...	...	...	103
						—

Group (3).—*Defects or Diseases associated with Groups (1) & (2).*

Cornea	Nebula	...	...	...	...	2
Iris	Iritis	...	...	...	...	3
	Posterior Synechia	...	...	...	...	2
Lens	Cataract, Congenital	...	...	...	...	2
Choroid	Disseminated Choroiditis	...	...	...	...	1

Remarks.—All children supplied with spectacles were examined subsequently to see that they were accurately made and fitted.

J. W. H. BABINGTON, M.D.

N.B.—Thirteen of the above cases were children living outside the Borough.

Nine pairs of Spectacles were supplied by the Education Authority to children of parents in necessitous circumstances.

Dental Defects.—The School Dentist, Mr. A. J. Haddock, is a part-time official who gives eight hours of each School week to his work, part of this time being given to examining the children at the Schools, which are visited in rotation.

When the Clinic started only children between the ages of 5 and 7 were examined and given a card and treatment where necessary.

When the treatment of these children was finished all other children who by this time had reached 5—7 years were similarly dealt with, and those previously given a card were again examined and treated where necessary.

This practice has been continued with the result that now all children in the Schools are periodically examined and have their mouth put in order at least every other year.

A glance at Table IV., Group IV., shows very clearly the work carried out.

Open-Air Education.—At present there is no Open-Air School for the education of children suffering from crippling defects. We would require a School capable of accommodating about 20 to 30, and it would have to be specially built and equipped. The children coming under this category would include those suffering from enlarged glands, debility after severe illness, anaemia, infantile paralysis, etc. In short, it would include a number of children who are not well enough to attend the ordinary Elementary School but would be greatly benefited by attending an Open-Air School and at the same time receive education compatible with their disability. It would be an expensive scheme, and for that reason it was not sanctioned by the Board of Education two years ago, when the Children's Care Committee went fully into the details of expenditure. A like proposal might, perhaps, in the near future be put forward, as undoubtedly it would be a great help to the children in enabling them to build up their constitutions and at the same time receive a fuller education.

EMPLOYED CHILDREN.

During September last I presented the following report on Employed Children to the Children's Care Committee:—

I beg to report that I have recently examined all the children attending the Elementary Schools who are employed.

The total number of children employed was 74, practically all Errand Boys. Curiously enough this is exactly the same number as last year.

There were very few instances of illegal employment. I only met with one case which I thought it advisable to bring to the notice of your Inspector. All the children were strong and healthy.

This is very satisfactory, and fully justifies the action of the Committee in appointing an Inspector during the busy season to see that the Act relating to Employed Children is fully enforced.

CO-OPERATION OF PARENTS.

A few days previous to the date of Medical Inspection a notice is sent to each parent stating that his child will be medically examined on a certain day. The parents are also asked to return a notice giving certain particulars of the child's health, such as the date of any infectious disease, operation, rupture or other defects. This is noted on the child's Inspection Card, and is a most useful guide if the parent is not present.

About 80 per cent. of the parents attend the Medical Inspection, notably of the Infants, when practically all the mothers are present. This is very encouraging to me, as it shows how keen an interest they take in their children and how anxious they are to find out if anything is wrong. Any recommendation as to treatment or seeking further advice from their own doctor is always carried out.

CO-OPERATION OF TEACHERS.

The Teachers have always and at all times given me every assistance at Medical Inspection. They fill up that part of the Inspection Card relating to the child's height and weight, past illnesses and attendances, help with the weighing of the children and the dressing and undressing, also in sending the children to the Clinic for treatment, and notifying Infectious Diseases; in fact, as I have often stated, the success of the work is largely due to the interest taken in the children by the Head Teachers.

CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.

The School Attendance Officer has also rendered me every assistance with the children in sending them to the Clinic, reporting cases of Infectious Diseases, Crippling Defects, &c., &c.

PROVISION OF MEALS.

I cannot speak too highly of the Children's Dinner Fund for supplying nourishing dinners to the poorer children. The dinner is cooked and served between 12 and 1 o'clock in the New Cross Street Schools, and is supervised by voluntary workers.

The dinners commence directly after the Christmas holidays and are continued until Easter or Whitsuntide, according to the conditions prevailing at the time. The cost to the children is one halfpenny per dinner. On an average 66 children attend the dinners daily. During the year a total of 3,515 dinners were served.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants	...	...	...	...	...	253
Intermediates	...	...	...	...	...	356
Leavers	...	...	...	...	...	399
						—
		Total	...	...	...	1008
						—

Number of other Routine Inspections ... —

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	414
Number of Re-inspections	...	...	654
			—
	Total	...	1068
			—

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups :			
Entrants ..	253	32	12·3
Intermediates ..	356	34	9·6
Leavers... ..	399	59	14·8
Total (Code Groups) ..	1,008	125	12·4
Other Routine Inspections ..	...	...	...

TABLE II.

A.—Return of Defects found in the course of Medical Inspection.

Defect or Disease.		Routine Inspections.		Specials.	
		(1)	(2)	(3)	(4)
	Malnutrition		3	1	...
	Uncleanliness : (See Table IV., Group V.).				...
Skin	Ringworm :				
	Scalp				1
	Body ... ... ...				...
	Seabies		2	...	...
	Impetigo		1		1
	Other Diseases (Non-Tubercular)		1		...
Eye	Blepharitis		4		...
	Conjunctivitis		1		...
	Keratitis ... ... ...		...		...
	Corneal Opacities ... ...		...		...
	Defective Vision (excluding Squint)	45			2
	Squint	4	2	1	1
Ear	Other Conditions	2	1		1
	Defective Hearing	9	1		1
	Otitis Media	3	...		...
	Other Ear Diseases ...	...	...		...
Nose and Throat	Enlarged Tonsils only ...	16	56		...
	Adenoids only	7	1	2	...
	Enlarged Tonsils and Adenoids ...	12	2		...
	Other Conditions ...	...	1		...
Enlarged Cervical Glands (Non-Tubercular)		12	2		...
Defective Speech		2	1		...
Teeth—Dental Diseases (See Table IV., Group IV.).		73	95		1
Heart and Circulation	Heart Disease :				
	Organic	1	...		...
	Functional	3	2		...
	Anæmia	3	...		1
	Bronchitis	12	3		...
	Other Non-Tubercular Diseases	4	1		...
Lungs	Pulmonary :				
	Definite ... ... ...	...	...		...
	Suspected ... ..	...	...		...
	Non-Pulmonary :				
	Glands	1	4		...
	Spine ... ... ..	...	...		...
Tuberculosis	Hip ... ... ...	...	...		...
	Other Bones and Joints ...	...	...		...
	Skin ... ... ...	...	...		...
	Other Forms ...	...	...		...
	Epilepsy ... ... ...	...	...		...
	Chorea ... ... ...	...	...		1
Deformities	Other Conditions	1	...		...
	Rickets ... ... ...	...	...		...
	Spinal Curvature ...	...	...		...
Other Defects or Diseases		1	...		17

TABLE III.
Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially Blind).	(1) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools At other Institutions ... At no School or Institution...	...	...	...
	(2) Suitable for training in a School or Class for the partially Blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools At other Institutions ... At no School or Institution...	...	...	...
Deaf (including Deaf and Dumb and partially Deaf).	(1) Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools At other Institutions ... At no School or Institution...	2	1	3
	(2) Suitable for training in a School or Class for the partially Deaf.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools At other Institutions ... At no School or Institution...	...	...	...
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions ... At no School or Institution...	2	1	3
	Notified to the Local Control Authority during the Year	Feeble-minded Imbeciles Idiots ... ...	...	...	...
Epileptics	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified Special Schools ... Attending Public Elementary Schools At no School or Institution...	1	1	2
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution...	...	2	2

TABLE III.—*Continued.*
Return of all Exceptional Children in the Area.

					Boys	Girls	Total
Physically Defective.	Infectious Pul- monary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ... ...	...	...	...	...	...
		At other Institutions ...	...	...	...	...	...
		At no School or Institution... .	2	2	2	4	—
	Non-Infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ... ...	...	...	...	...	...
		At Certified Residential Open-air Schools ... ...	...	...	...	...	...
		At Certified Day Open-air Schools ... ...	...	...	...	...	...
	Delicate Children (e.g., pre- or latent Tuber- culosis, mal- nutrition, de- bility, anaemia, etc.)	At Public Elementary Schools	...	...	...	...	...
		At other Institutions... .	...	...	...	...	...
		At no School or Institution... .	1	1	1	2	—
	Active Non-Pulmonary Tuberculosis.	At Certified Residential Open-air Schools ... ...	...	...	...	...	...
		At Certified Day Open-air Schools ... ...	...	...	...	...	...
		At Public Elementary Schools	3	6	9	—	—
	Crippled Children other than those (with active Tuberculous Disease), e.g., children suffer- ing from paraly- sis, etc., and including those with severe heart disease.	At other Institutions ...	...	...	...	...	...
		At no School or Institution... .	...	...	...	...	...
		At Certified Hospital Schools	...	...	...	...	...
		At Certified Residential Cripple Schools ... ...	...	...	...	...	...
		At Certified Day Cripple Schools ... ...	...	...	...	...	...
		At Public Elementary Schools	4	4	8	—	—
		At other Institutions ...	...	...	...	...	...
		At no School or Institution... .	2	...	2	—	—

TABLE IV.

**Return of Defects treated during the Year ended
31st December, 1923.**

TREATMENT TABLE.

**Group I.—Minor Ailments (excluding Uncleanliness, for which see
Group V.)**

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin :—			
Ringworm—Sealp ..	5	...	5
Ringworm—Body ..	5	...	5
Scabies	10	...	10
Impetigo	45	...	45
Other Skin Diseases ..	57	...	57
Minor Eye Defects ... (External and other, but excluding cases falling in Group II.)	10	...	10
Minor Ear Defects ...	44	...	44
Miscellaneous (e.g. minor injuries, bruises, sores, chil- blains, anaemia, etc.)	76	...	76
Total	252	...	252

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect. (1)	Number of Defects dealt with.				Total. (5)
	Under the Authority's Scheme. (2)	Submitted to Refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)		
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in the body of the Report.	96	...	...		96
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	7	...	...		7
Total ...	103	...	...		103

Total number of children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	96
(b) Otherwise	...	...	—

Total number of children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	...	...	96
(b) Otherwise	...	...	—

N.B.—Thirteen of the above cases were children living outside the Borough and not attending our Elementary Schools.

Nine pairs of Spectacles were supplied by the Education Authority to children of parents in necessitous circumstances.

Group III.—Treatment of Defects of Nose and Throat.

Received Under the Authority's Scheme, in Clinic or Hospital. (1)	Operative Treatment. By Private Praetitioner or Hospital apart from the Authority's Scheme. (2)	Number of Defects.		
		Total. (3)	Received other forms of Treatment. (4)	Total Number Treated. (5)
51	...	51	...	51

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Aged	5.	131	Total	1395
	6.	194		
	7.	162		
	8.	139		
	9.	158		
Routine Age Groups	10.	127		
	11.	131		
	12.	147		
	13.	110		
	14.	96		
Specials				317
				—
		Grand Total		1712
				—

(b) Found to require treatment 951.

(c) Actually treated 386.

(d) Re-treated during the year as the result of periodical examination 597.

(2) Half days devoted to { Inspection 14 } Treatment 158 Total 172.

(3) Attendances made by children for treatment 1210.

(4) Fillings { Permanent Teeth 411 } Temporary Teeth 593 Total 1004.

(5) Extractions { Permanent Teeth 213 } Temporary Teeth 1011 Total 1224.

(6) Administrations of general anæsthetics for extractions 151.

(7) Other operations { Permanent Teeth 38 } Temporary Teeth 320 Total 358.

GROUP V.—UNCLEANLINESS & VERMINOUS CHILDREN

- (i.) Average number of visits per School made during the year by the School Nurse 16.
- (ii.) Total number of examinations of children in the Schools by School Nurse 128.
- (iii.) Number of individual children found unclean 386.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority Nil.
- (v.) Number of cases in which legal proceedings were taken:—
 - (a) Under the Education Act, 1921 Nil
 - (b) Under School Attendance Bye-Laws 1

